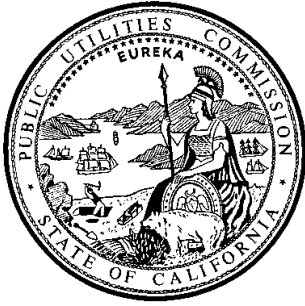


FOR OFFICE USE ONLY

APPLICATION NO. _____



CALIFORNIA PUBLIC UTILITIES COMMISSION

PUBLIC POLICY PAY PHONE APPLICATION

020703 Rev.

PLEASE FILL OUT THIS APPLICATION AS COMPLETELY AS POSSIBLE. THIS INFORMATION IS NEEDED TO HELP US DETERMINE IF A PUBLIC POLICY PAYPHONE IS SUITABLE FOR THIS LOCATION.
IF YOU HAVE ANY QUESTIONS OR NEED HELP IN COMPLETING THIS APPLICATION, PLEASE CALL (415) 703-2152.

PLEASE PRINT CLEARLY OR TYPE

PART I – APPLICANT INFORMATION

NAME OF APPLICANT

CIRCLE ONE (OPTIONAL): MR. MS. MRS. MISS TITLE: _____

FIRST NAME

MI LAST NAME

ADDRESS: _____

CITY:

ZIP CODE:

PHONE:

FAX:

E-MAIL ADDRESS:

NAME OF BUSINESS OR FACILITY:

TYPE OF BUSINESS OR FACILITY:

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PART II – PUBLIC POLICY PAYPHONE LOCATION INFORMATION

<p>I HEREBY APPLY FOR A PUBLIC POLICY PAYPHONE AT THE FOLLOWING LOCATION (COMPLETE THE SECTION TO THE RIGHT. IF THIS IS THE SAME BUSINESS/FACILITY AND ADDRESS AS STATED IN PART I, YOU MAY WRITE "SAME".)</p>	<p>LOCATION NAME: _____</p> <p>ADDRESS: _____</p> <p>CITY: _____</p> <p>ZIP CODE: _____</p>
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<p>WILL THE PROPOSED PUBLIC POLICY PAYPHONE BE AT A NEW BUSINESS OR FACILITY?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>IF "YES", OPENING DATE: _____</p>
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<p><u>CHECK "A" OR "B":</u></p> <p>A. <input type="checkbox"/> THIS IS AN <u>EXISTING</u> PAYPHONE, WHICH I PROPOSE TO BE DESIGNATED AS A PUBLIC POLICY PAYPHONE.</p> <p>B. <input type="checkbox"/> THIS IS TO BE A NEW PUBLIC POLICY PAYPHONE.</p>	<p>IF YOU CHECKED BOX "A", PLEASE:</p> <p>(1) PROVIDE THE NUMBER OF THE PAYPHONE IN THE SPACE BELOW, AND</p> <p>(2) BE PREPARED TO PROVIDE ANY AND ALL DOCUMENTS AND INFORMATION REGARDING THIS PAYPHONE'S PAST REVENUES AND EXPENSES.</p> <p>_____</p> <p style="text-align: center;">PAYPHONE NUMBER</p>
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<p>IF YOU CHECKED BOX "A" IN THE PREVIOUS QUESTION, PLEASE ANSWER THE QUESTION TO THE RIGHT.</p> <p>IF YOU CHECKED BOX "B" IN THE PRECEDING QUESTION, SKIP TO THE NEXT QUESTION.</p>	<p>(ANSWER ONLY THIS IS AN <u>EXISTING</u> PAYPHONE, WHICH YOU PROPOSE TO BE DESIGNATED AS A PUBLIC POLICY PAYPHONE.)</p> <p>IS THE EXISTING PAYPHONE WHICH YOU PROPOSE TO BE A PUBLIC POLICY PAYPHONE CURRENTLY OPERATED UNDER A CONTRACT FOR COMPENSATION BETWEEN AN ENTITY AND A PAYPHONE SERVICE PROVIDER. (NOTE: "ENTITY" MAY INCLUDE A CITY OR COUNTY GOVERNMENT, AN AIRPORT AUTHORITY, SHOPPING CENTER, A BUSINESS, OR AN INDIVIDUAL.)</p> <p style="text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>IF "YES", PLEASE ATTACH A COPY OF THE CONTRACT TO THIS APPLICATION.</p>
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PUBLIC POLICY PAYPHONE APPLICATION – PAGE 3

<p>IS THE PROPOSED PUBLIC POLICY PAYPHONE TO BE LOCATED INSIDE A BUILDING?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>IF "YES", WHERE (IN WHAT ROOM, OR PART OF THE BUILDING) WILL IT BE LOCATED?</p> <p>_____</p> <p>_____</p>
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<p>PLEASE PROVIDE THE NEAREST CROSS STREET, AND ANY OTHER DIRECTIONS USEFUL IN FINDING THIS FACILITY. ATTACH A SEPARATE SHEET IF NECESSARY.</p>	<hr/> <hr/> <hr/> <hr/> <hr/>
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<p>ARE THERE OTHER PAYPHONES AT THIS ADDRESS?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, HOW MANY: _____</p>
	<p>IF YES, PLEASE PROVIDE THE PHONE NUMBERS (USE ADDITIOINAL SHEETS IF NECESSARY).</p> <p>_____</p> <p>_____</p>

TO THE BEST OF YOUR KNOWLEDGE, HOW FAR IS THE NEAREST EXISTING PAYPHONE FROM THE PROPOSED PUBLIC POLICY PAYPHONE? PROVIDE THE ADDRESS OR SPECIFIC LOCATION OF THAT EXISTING PAYPHONE. IF KNOWN, ALSO PROVIDE THE NUMBER OF THAT PAYPHONE:

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PART III – PUBLIC ACCESS TO PAYPHONE

[NOTE: AS USED IN THIS PART, "UNRESTRICTED ACCESS" MEANS THE PAYPHONE IS PHYSICALLY AND GEOGRAPHICALLY AVAILABLE TO THE GENERAL PUBLIC. IN OTHER WORDS, IF THE PHONE IS LOCATED INDOORS, THE PUBLIC IS ABLE TO WALK IN AND USE IT. IF THE PHONE WERE LOCATED IN AN EMPLOYEE LOUNGE, THE LOCKER ROOM OF A PRIVATE CLUB, OR IN A RESTAURANT KITCHEN, ACCESS TO IT WOULD BE RESTRICTED, AND THE ANSWER TO QUESTIONS 1 AND 2, BELOW, WOULD BE "NO".]

<u>A. CHECK "YES" OR "NO":</u>	<u>B. HOURS OF FACILITY:</u>																					
<p>1. THE GENERAL PUBLIC HAS UNRESTRICTED ACCESS TO THIS PAYPHONE AT ALL TIMES, THAT IS, TWENTY-FOUR (24) HOURS A DAY, SEVEN (7) DAYS A WEEK.</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>IF "YES", SKIP TO PART IV, ON THE FOLLOWING PAGE.</p> <p>2. THE GENERAL PUBLIC HAS UNRESTRICTED ACCESS TO THIS PAYPHONE DURING THE OPERATING HOURS OF THIS FACILITY.</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>IF "YES", COMPLETE <u>SECTION B</u>, "HOURS OF FACILITY".</p>	<p>3. (COMPLETE <u>ONLY</u> IF YOU ANSWERED "YES" TO QUESTION 2.)</p> <p>THE OPERATING HOURS OF THIS FACILITY ARE (SPECIFY A.M. OR P.M.):</p> <table><tbody><tr><td>_____</td><td>TO _____</td><td>MONDAY</td></tr><tr><td>_____</td><td>TO _____</td><td>TUESDAY</td></tr><tr><td>_____</td><td>TO _____</td><td>WEDNESDAY</td></tr><tr><td>_____</td><td>TO _____</td><td>THURSDAY</td></tr><tr><td>_____</td><td>TO _____</td><td>FRIDAY</td></tr><tr><td>_____</td><td>TO _____</td><td>SATURDAY</td></tr><tr><td>_____</td><td>TO _____</td><td>SUNDAY</td></tr></tbody></table>	_____	TO _____	MONDAY	_____	TO _____	TUESDAY	_____	TO _____	WEDNESDAY	_____	TO _____	THURSDAY	_____	TO _____	FRIDAY	_____	TO _____	SATURDAY	_____	TO _____	SUNDAY
_____	TO _____	MONDAY																				
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_____	TO _____	THURSDAY																				
_____	TO _____	FRIDAY																				
_____	TO _____	SATURDAY																				
_____	TO _____	SUNDAY																				

PART IV – TTY EQUIPMENT FOR THE DEAF AND HARD OF HEARING

<p>1. IS THERE A NEED FOR A TTY (A KEYBOARD DEVICE FOR THE DEAF AND HARD OF HEARING) TO BE INSTALLED ON THE PROPOSED PUBLIC POLICY PAYPHONE?</p> <p style="text-align: center;">YES <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> NO <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/></p> <p>IF "NO", SKIP TO PART V, ON THE FOLLOWING PAGE.</p> <p>IF "YES", COMPLETE QUESTION 2, TO THE RIGHT. YOU WILL RECEIVE A TTY APPLICATION BY MAIL WHEN YOU SUBMIT THIS APPLICATION.</p>	<p>2. (ANSWER <u>ONLY</u> IF YOU WILL BE REQUESTING INSTALLATION OF A TTY): IS THERE ELECTRICITY (115 VOLTS) NEAR THE PROPOSED PUBLIC POLICY PAYPHONE?</p> <p style="text-align: center;">YES <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> NO <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/></p> <p>IF "YES", BRIEFLY DESCRIBE THE LOCATION OF THE ELECTRICAL SERVICE, INCLUDING ITS APPROXIMATE DISTANCE FROM THE PROPOSED PUBLIC POLICY PAYPHONE.</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
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PART V – NEED FOR PUBLIC POLICY PAYPHONE

<p>WHY DO YOU FEEL A PUBLIC PHONE IS NEEDED HERE? IN ANSWERING THIS QUESTION, YOU SHOULD ADDRESS THE NECESSITY OF THE PROPOSED PUBLIC POLICY PAYPHONE TO PUBLIC SERVICE, HEALTH, AND SAFETY. USE ADDITIONAL SHEETS IF DESIRED.</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	
<hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>SIGNATURE OF APPLICANT</p>	<hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>DATE</p>

RETURN COMPLETED APPLICATION(S) TO:



CALIFORNIA PUBLIC UTILITIES COMMISSION
PSP ENFORCEMENT SECTION
505 VAN NESS AVENUE, AREA 2-E
SAN FRANCISCO, CA 94102
FAX NUMBER: (415) 703-5882

***ONCE PSP ENFORCEMENT SECTION RECEIVES AND REVIEWS YOUR APPLICATION,
WE WILL CONTACT YOU TO ARRANGE A DATE AND TIME FOR INSPECTION OF THE
PROPOSED PUBLIC POLICY PAYPHONE SITE.***